



CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that the attached correspondence is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

Date: 1/26/04

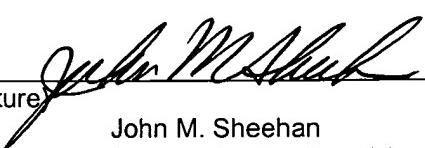
MARGARET CHRISTY
(type or print name of person mailing paper)

Margaret Christy
Signature of person mailing paper

AMENDMENT TRANSMITTAL LETTER				ATTORNEY DOCKET NUMBER	
SERIAL NO. 10/007,328	FILING DATE 11/8/2001	EXAMINER Neil S. Levy	GROUP ART UNIT 1616	<i>RECEIVED FEB 12 2004 TECH CENTER 1600/2900</i>	
INVENTION NOVEL PROCESS TO PREPARE MICROENCAPSULATED FORMULATIONS					
TO THE ASSISTANT COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below:					
CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5)* RATE	(6) ADDITIONAL FEE
TOTAL CLAIMS:	30	MINUS	** 31	0 x \$22.00 =	\$0
INDEPENDENT CLAIMS:	8	MINUS	*** 3	5 x \$86.00 =	\$430.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S) (if applicable)				+ \$	0.00
TOTAL ADDITIONAL FEE					\$430.00
<small>*If the entry in column 2 is less than the entry in column 4, enter "0" in column 5. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20 in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3 in this space.</small>					
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees under 37 CFR §§1.16 and 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>06-1440</u> . A duplicate copy of this form is attached for accounting purposes.					

Date: January 28, 2004

(Signature)


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